

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17089
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County..... / Registration District No..... 791
 (b) Township..... Primary Registration District No..... 1003 Registered No..... 4623
 (c) City St. Louis, Mo. (d) Street No. Mo. Pacific Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARTIN BECKER

(a) Residence, No. 2122 Victor St. St. 24 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Degel		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1880		
7. AGE YEARS 58	MONTHS 6	DAYS 9	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungaria 7				
FATHER	13. NAME John Becker 7			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungaria 7			
MOTHER	15. MAIDEN NAME Agnes Saaler 7			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungaria			
17. INFORMANT (ADDRESS) Ann Hofstetter 2122 Victor St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE New SS. P. & P. DATE 5/23 19 39				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Gebken 2630 Gravois				
20. FILE MAY 21 1939 <i>J. D. Beckwith</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 20, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **May 16, 1939** to **May 20, 1939**
 I last saw him alive on **May 20, 1939** Death is said to have occurred on the date stated above, at **9:15 A.M.**
 The principal cause of death and related causes of importance were as follows:

**Coronary Sclerosis
Cardiac Hypertrophy
Chronic Passive Congestion**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) **Harry J. Diehl**, M. D.
 (Address) **Mo. Pac Hosp.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. *2120*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.